

HAWAII STATE ETHICS COMMISSION *ASB tower*
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Arcena, Paula A.Y.			536-7702 x110
MAILING ADDRESS (Street)			FAX
1360 S. Beretania Street, Ste. 200			528-2376
(City)	(State)	(Zip Code)	
Honolulu, Hawaii 96814			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)			(State)
(Zip Code)			

PART II ORGANIZATION

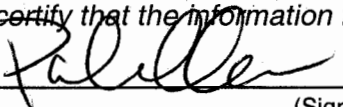
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Hawaii Medical Association	536-7702
MAILING ADDRESS (Street)	FAX 528-2376
1360 S. Beretania Street, Ste. 200	
(City)	(State)
(Zip Code)	
Honolulu, Hawaii 96814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE (808) 536-7702 x110
Arcena, Paula A.Y.	
MAILING ADDRESS (Street)	FAX (808) 528-2376
1360 S. Beretania Street, Ste. 200	
(City)	(State)
(Zip Code)	
Honolulu, Hawaii 96814	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

X 
(Signature of Lobbyist)

X 4/4/05
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Inam Rahman, M.D.
President

NAME OF ORGANIZATION (if applicable)
Hawaii Medical Association

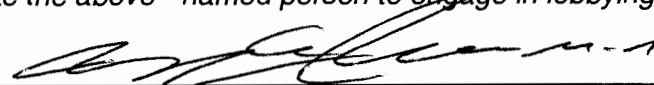
TELEPHONE
(808) 526-7702

MAILING ADDRESS (Street)
1360 S. Beretania Street, Suite 200

FAX
(808) 528-2376

(City) Honolulu (State) Hawaii (Zip Code) 96814

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

3/23/05
(Date)